

DIVISION OF DEVELOPMENTAL DISABILITIES  
**PLANNED ACTION NOTICE**  
**RESPONSE TO YOUR REQUEST FOR HCBS WAIVER ENROLLMENT**

TO: \_\_\_\_\_ Representative's Name and Address

**RESPONSE TO YOUR REQUEST FOR WAIVER ENROLLMENT**

Your waiver enrollment request for placement on the \_\_\_\_\_ Waiver has been entered into the statewide database for the DDD Home and Community Based Services (HCBS) waivers.

- Documentation of your name on the statewide database does not guarantee access to or receipt of waiver services.

Your request to be enrolled into a DDD HCBS waiver at this time has been denied.

- DDD will only add people to a waiver when there is both available capacity on a waiver and funding for new waiver participants
- When there is both available funding and capacity to add people to a Waiver, your priority on the Waiver database is considered.

**WAIVER DATABASE INFORMATION**

You have ICF/MR level of care needs (WAC 388-845-0070 through 388-845-0090) and you meet the criteria for the following priority populations (WAC 388-845-0045).

- ☐ 1. First priority will be given to current waiver participants assessed to require a different waiver because their needs have increased and these needs cannot be met within the scope of their current waiver.
- ☐ 2. DDD may also consider any of the following populations:
- ☐ a) Priority populations as identified and funded by the legislature.
  - ☐ b) Persons DDD has determined to be in immediate risk of ICF/MR admission due to unmet health and safety needs.
  - ☐ c) Persons identified as a risk to the safety of the community.
  - ☐ d) Persons currently receiving services through state-only funds.
  - ☐ e) Persons on an HCBS waiver that provides services in excess of what is needed to meet their identified health and welfare needs.
- ☐ 3. For the Basic waiver only, DDD may consider persons who need the waiver services available in the Basic waiver to maintain them in their family's home:
- ☐ 4. N/A Does not meet any of the above criteria.

**ADDITIONAL WAIVER DATABASE INFORMATION**

This database information will be updated at least every twelve (12) months in the following manner:

- ☐ a) In ten (10) months you will receive a letter from DDD requiring that you respond by a specified date if you wish to keep your name in this database.
- ☐ b) When you respond, DDD will review your enrollment information to ensure you continue to meet criteria per WAC 388-845-0050.
- ☐ c) If you fail to respond to this letter, your name will be removed from the database.

**APPEAL RIGHTS**

While you do not have appeal rights to a denial of enrollment into a DDD HCBS Waiver, you can appeal your priority designation.

You may contact your DDD case manager at any time if you believe you have had a change of circumstance that may impact the status of your request.

Please call if you have questions or concerns.

CASE MANAGER NAME	TITLE
TELEPHONE NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS

Cc: Client File



**PLANNED ACTION NOTICE**  
**DDD HCBS WAIVER**  
**ENROLLMENT**  
**REQUEST FOR HEARING**  
Per Chapter 388-02 for DSHS hearing rules.

FOR AGENCY USE ONLY

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Oral request taken by:

NAME

TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

**MAIL TO:** OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489  
PO BOX 42489  
OLYMPIA WA 98504-2489

**FAX:** 360-586-6563

I request a hearing because I disagree with the following priority decision by the Division of Developmental Disabilities (DDD):

YOUR NAME (PLEASE PRINT)

DATE OF BIRTH

ADDRESS OF PERSON REQUESTING HEARING

CLIENT ID NUMBER

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDE AREA CODE)

☐

MESSAGE PHONE

I was notified of the decision on: \_\_\_\_\_ by: \_\_\_\_\_  
DATE DSHS OFFICE NAME AND LOCATION

I want continued assistance, if I am eligible: ☐ Yes ☐ No Program: \_\_\_\_\_

I am represented by (if you are going to represent yourself, do not fill in the next two lines):

YOUR REPRESENTATIVE'S NAME

ORGANIZATION

TELEPHONE NUMBER

ADDRESS STREET

CITY

STATE

ZIP CODE

☐

I authorize release of information about my hearing to my representative.

YOUR SIGNATURE

DATE

Do you need an interpreter or other assistance or accommodation for the hearing? ☐ Yes ☐ No

If yes, what language or what assistance? \_\_\_\_\_

Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing. Follow the instructions in the Notice of Hearing that will be mailed to you by OAH.

**INSTRUCTIONS**

**When is this form used?**

This form is used to notify individuals that their name was documented on a statewide database for waiver enrollment in response to submission of a "HCBS Waiver Enrollment Request" form.

**Who will be sending this notice?**

Headquarters will be sending this notice to the client and their legal representative.